

**ESTATE PLANNING QUESTIONNAIRE  
FOR MARRIED COUPLE**

**CONFIDENTIAL**

Estate Planning Data

File No. \_\_\_\_\_

Date: \_\_\_\_\_

**A. PERSONAL**

Husband

Wife

- |    |                     |  |  |
|----|---------------------|--|--|
| 1. | Name                |  |  |
| 2. | Other Names         |  |  |
| 3. | Addresses           |  |  |
|    | a. Home             |  |  |
|    | County              |  |  |
|    | b. Mailing          |  |  |
|    |                     |  |  |
| 4. | Telephone and Email |  |  |
|    | a. Home             |  |  |
|    | b. Work             |  |  |
|    | c. Email            |  |  |
| 5. | Birthdate           |  |  |
| 6. | S.S. No.            |  |  |
| 7. | Marriage Date       |  |  |
| 8. | Place of Marriage   |  |  |

9. Citizenship \_\_\_\_\_

**B. PRIOR MARRIAGES (if applicable)**

1. Former Spouse \_\_\_\_\_

2. Marriage Date \_\_\_\_\_

3. Terminated by  
Death/Divorce on \_\_\_\_\_

4. Obligations to or  
from former spouse \_\_\_\_\_

5. Child Support \_\_\_\_\_

6. Separate  
Maintenance \_\_\_\_\_

In the event of divorce, please provide a copy of the Decree of Dissolution and any related Agreements.

**C. CHILDREN**

(please indicate if child of prior marriage)

1. Living Children of Husband:

a. Name \_\_\_\_\_  
Birthdate \_\_\_\_\_

b. Name \_\_\_\_\_  
Birthdate \_\_\_\_\_

c. Name \_\_\_\_\_  
Birthdate \_\_\_\_\_

d. Name \_\_\_\_\_  
Birthdate \_\_\_\_\_

2. Deceased Children of Husband (do you have any deceased children, with surviving children; if so, please list)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Living Children of Wife:

a. Name \_\_\_\_\_  
Birthdate \_\_\_\_\_

b. Name \_\_\_\_\_  
Birthdate \_\_\_\_\_

c. Name \_\_\_\_\_  
Birthdate \_\_\_\_\_

d. Name \_\_\_\_\_  
Birthdate \_\_\_\_\_

4. Deceased Children of Wife (Do you have any deceased children, with surviving children; if so, please list)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. DEPENDENTS**

Are there any persons (other than minor children) who are partially or wholly dependent upon either husband or wife for support now or possibly in the future?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. JOINT OWNERSHIP AGREEMENTS (if applicable)**

- 1. Have you ever executed an agreement involving joint ownership of property?  
\_\_\_\_\_
- 2. Please furnish a copy of any agreements.

**F. TRUSTS**

1. Does any member of your family receive income from any trust? \_\_\_\_\_

If yes, who created the trust? \_\_\_\_\_

2. Has husband or wife ever created a trust, except as part of a Will? \_\_\_\_\_

If yes, give details \_\_\_\_\_

\_\_\_\_\_

3. Does any family member expect to be named a beneficiary or remainderman of a trust? \_\_\_\_\_

If yes, please describe \_\_\_\_\_

\_\_\_\_\_

4. Please furnish copies of all instruments relating to the trusts, as well as a current list of assets and statement of income.

**G. INSURANCE**

1. Are there any life insurance policies in existence on the life of either spouse? \_\_\_\_\_

2. If so, please provide information regarding:

a. Name of Company(ies) \_\_\_\_\_

b. Type of Insurance \_\_\_\_\_

c. Face Value \_\_\_\_\_

d. Cash Value \_\_\_\_\_

e. Designated Beneficiary(ies) \_\_\_\_\_

\_\_\_\_\_

**H. JOINT TENANCY ASSETS**

Do you own any real or personal property as joint tenants with each other or third parties?

If so, please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I. RETIREMENT BENEFITS**

Is either spouse a participant in a retirement plan? If so, please provide information regarding type of plan, current value, beneficiary designation, and death benefit

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**J. GIFTS AND/OR INHERITANCES**

1. Is husband, wife, and/or children likely to receive any gifts or inheritances?

\_\_\_\_\_

2. Does either husband or wife make, or intend to make regular gifts to any person? \_\_\_\_\_

If yes, please describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**K. PLANNING OBJECTIVES AND PRIORITIES**

Please describe any significant planning objectives or priorities you may have.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**L. ASSET SCHEDULE**

(Please indicate if any asset is separate property of either husband or wife and approximate current value)

1. Real Property \$ \_\_\_\_\_

- 2. Stocks and Bonds \$ \_\_\_\_\_
- 3. Checking/Savings \$ \_\_\_\_\_
- 4. Life Insurance \$ \_\_\_\_\_
- 5. Miscellaneous Property \$ \_\_\_\_\_

(including furniture, furnishings, antiques, automobiles, boats, collectibles, etc.)

- 6. Retirement Programs \$ \_\_\_\_\_
- Subtotal \$ \_\_\_\_\_
- 7. LESS Liabilities (\$ \_\_\_\_\_)
- 8. Net Worth (Approximate) \$ \_\_\_\_\_

**M. TENTATIVE WILL PROVISIONS TO BE DISCUSSED WITH ATTORNEY**

- 1. Personal Representative(s)  
(administers Will during probate)

1st Choice: \_\_\_\_\_

2nd Choice: \_\_\_\_\_

- 2. Trustee(s)  
(manages estate for the benefit of beneficiaries)

1st Choice: \_\_\_\_\_

2nd Choice: \_\_\_\_\_

- 3. Caretaker(s) of Minor(s)  
(raises children who are not yet age 18)

1st Choice: \_\_\_\_\_

2nd Choice: \_\_\_\_\_

- 4. Distribution of Trust Estate

(Time when beneficiary receives all or part of trust principal outright)

a. Age of youngest child before distribution \_\_\_\_\_

b. Age for distribution

(1) First portion \_\_\_\_\_

(2) Second portion \_\_\_\_\_

(3) Third portion \_\_\_\_\_

5. Specific Bequests

(Specific people or organizations to whom you are giving specific amount, item or percentage of estate)

---

---

---

---

6. Contingent Bequests

(To whom and what you are giving if primary beneficiaries predecease you)

---

---

---

7. Care of Pets \_\_\_\_\_

---

---

---

8. Charitable Bequests \_\_\_\_\_

---

---

---

9. Funeral/Burial Arrangements

---

---

10. Other specific provisions or information to be included in Will, such as operation or provision for family business, etc.

---

---

---

---

---

**N. GENERAL DURABLE POWER OF ATTORNEY**

The General Durable Power of Attorney is a document which is either effective upon signing or can become effective upon the proven incompetency of an individual to handle his or her own affairs. The value of this document is that it should avoid the necessity of a guardianship in the event of incompetency.

1. Have you executed a power of attorney? \_\_\_\_\_
2. If you have done so, please provide a copy.
3. If not, would you want it effective on signing or incapacity? \_\_\_\_\_

**O. HEALTH CARE POWER OF ATTORNEY**

The Health Care Power of Attorney allows you to appoint someone to make health care decisions for you should you be unable to do so. In addition to decisions under your Health Care Directive, this document allows decisions regarding consent to treatment and other such health care issues. It is effective upon proof of disability.

1. Have you executed a Health Care Power of Attorney? \_\_\_\_\_
2. If you have done so, please provide a copy.

**P. HEALTH CARE DIRECTIVE (LIVING WILL)**

The purpose of the Health Care Directive is to make known the desire of the person signing the document of his/her wish not to have his/her life "artificially prolonged" in the case of any injury, disease, or terminal condition. Do you wish to have such a document prepared or discuss this further?

Yes \_\_\_\_\_ No \_\_\_\_\_